of a No. 11 or 12 soft-rubber catheter and a fountain-syringe, with one or two quarts of warm water. The best result is obtained if the infant is placed on its abdomen across the nurse's knees, the water being at a temperature of 100° F., and a little soda or salt added to it. Great relief is obtained from the evacuation of the flatus and feces. In chronic cases some antiseptic must be added to the water. For each quart of water the following may be added: Boric acid, four drachms; creolin, thirty drops; sodium salicylate, ten grains; thymol, seven and one-half grains; or mercuric chloride, one and one-half grains. The last should be followed by irrigation with warm water. The irrigation of the intestines not only cleanses them, but exerts a stimulant action upon the bowel.—*The Philadelphia Polyclinic*, 1896, No. 3, p. 221.

THE USE OF GLYCERIN FOR HEPATIC COLIC.

DR. CLEMENTE FERREIRA presents a strong plea for the use of one-half to one ounce of this substance, diluted with water, as an excellent resource against the painful attacks. If administered at the outset, it may abort them and even bring about a respite of long duration from the attacks.—*Bulletin Général de Thérapeutique*, 1896, 8 liv., p. 251.

THE TREATMENT OF THE DYSPEPSIAS.

DR. ALBERT ROBIN divides the premonitory dyspepsias into (1) those caused by excess of fluids and (2) excess of peptones. The latter can be readily relieved by a diminution of the quantity of food eaten. With the former there is a difficulty, because a sudden suppression of the abundant drink frequently gives rise to a very disturbing vertigo. The better plan is to allow the patient to drink according to his desire only, one or two hours after the meal. The true dyspepsias may be divided into (1) gastric hypersthenia; (2) hyposthenia or weakness; and (3) vicious fermentations. The first class is divided into those of (1) neurotic origin (without lesion); (2) central nervous origin; and (3) gastric or reflex. The first of these has been named gastroxynsis by Rossbach, and should be treated expectantly and particularly by hygienic methods; absolute intellectual repose, open-air exercise in the country, in the mountains for excitable patients, but for those in need of stimulation at the seashore. For the second, in connection with hysteria, tabes dorsalis, or general paralysis, great difficulties are encountered. The pain should be allayed by the usual means, and milk given in small quantities is well borne in the interval, but not during the crises. In the third there is greater opportunity for success. The antiseptics should be discarded, because they interfere with the action of the soluble ferments. The usual remedy is sodium bicarbonate, in order to saturate the free acids of the gastric fluid, but rather in small dose, in order to avoid the production of a large amount of sodium chloride, from which hydrochloric acid can be elaborated. To suppress the condition of the crisis, that is to say, to neutralize the excess of acidity, chalk, or, better, magnesia is used, and with the additional advantage that it is of itself an excellent laxative. The formula employed is: Calcined magnesia, 22; bismuth subnitrate, 3 to 10; morphine hydrochlorate, $\frac{1}{64}$ to $\frac{1}{32}$; sodium bicarbonate, 15; lactose, 7 grains. This is to be taken in one dose, in water, at the moment of the attack. In addition, hydrotherapy renders good service. In the treatment of permanent gastric hypersthenia, of which the most striking symptom is *hyperchlorhydrie*, it is not necessary to saturate the excess of acid by large doses of alkaline bicarbonate; but rather we should use calcined or hydrated magnesia, given in small doses and three or four hours after the meal, at the time that the albuminoids are digested and the syntonins are being formed. Further than this, the excess of hydrochloric acid can be saturated by taking before each meal one or two cachets containing washed sulphur, 2; potassium bitartrate, 15; and magnesia, 3 grains. In other cases the same result may be obtained by the use of salts of the organic acids or cream of tartar, potassium bitartrate, *sel de Seignette* [potassium and sodium tartrate], in thirty to forty-grain doses, thrice daily, which are eliminated as alkaline carbonates. Rarely, in acute attacks, it may be necessary to administer milk or raw eggs, three or four hours after the meal, to fix, with the contained albumin, the hydrochloric acid and prevent its action upon the mucous membrane. Gastric excitability may be relieved by a milk diet for about a week. Later, two to six eggs underdone, finally reaching ordinary diet in about a fortnight. Fish, especially the lean, with lemon only as condiment, are preliminary to a full diet. Various indigestible substances, acids (exception noted above), raw vegetables and fruits, all of the cabbage family, butter, cheese, smoked meats, long-kept game, truffles, wines, and alcohol are prohibited. Pure water is best for drinking; next comes those feebly mineralized, and skimmed milk. Light beers are good, provided they are well fermented and are not acid. Coffee and tea are allowed if their use is not followed by nervous excitement. The pathological phenomena which we must combat are (1) hypersecretion of the mucous membrane, which exceeds the physiological necessities, and an exaggerated afflux of blood; and (2) rarely a diminished amount of pepsin. For the first indication, to diminish the reflexes may be given veratrum viride, cocculus indicus, cannabis indica, opium, belladonna, or cocaine—the last with great care and in small dose. For the hyperæmia, ergotin, 3, in distilled water, 4; dissolved, filtered, and mixed drop by drop with tincture of cocculus indicus, veratrum viride, belladonna, and anise, of each, 5; and of this six to ten drops before the two principal meals. For the second condition, pepsin, capable of digesting fifty times its weight of fibrin, 5; with diastase, 2 grains; and in addition pancreatin, in two to four-grain keratin-coated pills, may be given. Various springs also are apparently of benefit in these conditions. The treatment of gastric hyposthenia or functional insufficiency, showing itself in a diminution of the hydrochloric acid, does not call for the administration of this acid unless the gastric glands are certainly destroyed. Milk is prohibited; meat must be used with great care, and only when finely divided. The starchy vegetables should constitute the bulk of the food, but always finely divided. All condiments are useful, and for fluids light white wines mixed with stimulating mineral waters, as Condillac, Pougues, or Soultzmatt. Good red wines, particularly old Bourgogne, are well borne when they produce a favorable stimulation. Of the drugs, bitter tonics, potassium salts, sodium bicarbonate, which stimulate the stomach functions, and small doses of ipecacuanha, which excites the muscular apparatus, are indicated. Various bitters of complex formulas may be recommended. Patients suffering from this condition are markedly benefited by a sojourn at Vichy, Pougues, Saint-Nectaire, Carlsbad, and Homburg. At one's home the waters of Sautenay and Maizières, which bear transportation, may be used. If intestinal phenomena complicate the gastric, the waters of Châtel-Guyon, Royat, or Kissingen are indicated.—*Bulletin Général de Thérapeutique*, 1896, 4e liv., p. 145; 5e liv., p. 193; 7e liv., p. 289; 8e liv., p. 337; 9e liv., p. 391.

IMMUNITY IN ASIATIC CHOLERA.

DOTT. G. GALEOTTI has made a study of immunization of guinea-pigs against experimental choleraic peritonitis in order to discover the substance either in a culture of the bacilli or in the blood-serum of an animal strongly vaccinated against this micro-organism. From the culture were extracted (1) divers albumins; (2) a peptone; (3) a nucleo-proteid, which is probably a constituent of the bacterial cell. No substance extracted from the culture by alcohol, ether, or chloroform showed any value for vaccination. From the serum of vaccinated animals were separately isolated globulin, resins, fibrin, and a proteid substance of undetermined origin capable of dialysis. All these substances showed strong vaccinal properties. As to how these substances act this much can be said: They do not possess either a bactericidal or antitoxic power, but are capable of stimulating in a living guinea-pig a bactericidal power of an unknown nature, which the animal normally does not possess.—*La Settimana Medica*, 1896, No. 19, p. 239.

THE USE OF ANTITOXIN IN THE TREATMENT OF DIPHTHERIA IN PRIVATE PRACTICE.

The report of the American Pædiatric Society based upon its collective investigation presents for analysis the results in 3384 cases which occurred in the practice of 613 physicians. In addition two series of cases, one treated in the tenements of New York and the other a partial report from the inspectors of the Health Department of Chicago, are included. The report may be summarized as follows: More than six hundred of these physicians have pronounced themselves as strongly in favor of the serum-treatment. The localities from which reports have been received are so widely separated that no peculiarity of local conditions can account for the favorable record. Doubtful cases which have recovered have been excluded, while doubtful cases which were fatal have been included. No new cases of sudden death immediately after injection have been returned. The number of cases injected reasonably early, in which the serum did not appear to influence favorably the progress of the disease, was but nineteen; nine of these were of doubtful diagnosis, four cases complicated measles, three were malignant, and in two the serum was of uncertain strength and of doubtful value. In three cases the patients appeared to have been made worse; of these, in but one may the result be fairly attributed to the injection. The general mortality was 12.3 per cent.; excluding the cases moribund at the time of the injection or dying within twenty-four hours, it was 8.8 per cent. The most striking improvement was seen in the cases injected during the first three